

CHAPTER 4. THE ARMY CENTRALLY MANAGED MEDICAL POTENCY AND DATED (P&D) MATERIEL PROGRAM

4-1. INTRODUCTION

a. Funding constraints at the unit and DoD level (along with current business practices in commercial industry) prompted the CSA to approve The Surgeon General's (TSG) recommendation:

'... that the Office of The Surgeon General (OTSG) assume responsibility for the centralized funding, management, and distribution of medical P&D materiel for early deploying (ED) medical units at Echelons Above Division (EAD) deploying in the first 31 days of a conflict.'

In January 1997 OTSG, in turn, passed the mission to the USAMMA.

b. To support this DoD mission, the USAMMA developed the Centrally Managed Medical P&D Materiel Program that utilizes a variety of actions/strategies to provide access to sources of supply. These actions/strategies include the prepositioning of supplies and contracting with the commercial sector for both ownership of, storage of, and access to, inventory. The USAMMA identified the programmed NSNs and total issue quantity requirements by stratifying the authorizations of each P&D NSN in every UA for every generic ED EAD medical unit through day 31. The Centrally Managed Medical P&D Materiel Program coined the terms "Unit Deployment Package" for a unit's medical P&D materiel.

(1) Unit Deployment Package (UDP) consists of the medical potency dated materiel with a shelf life code (SLC) of less than 60 months (shelf life codes of A-H, J-N, P-S, or 1-9) for ED EAD medical units that deploy within the first 31 days of a conflict. Specific pre-positioned UDPs currently covered are the Medical Re-Engineering Initiative (MRI) Corp [Split] Combat Support Hospital (CSH) and Echelon Above Corps (EAC) [Non-Split] CSH, Minimal Care Detachment (MCD), Area Support Medical Company (ASMC), Forward Surgical Team (FST), [40 Vehicle] Ground Ambulance Company (GAC), and the Aerial Ambulance Company (AAC).

(a) All Active Component (AC) ED EAD units are still responsible for non-medical UDP items with a shelf life of less than 60 months (SLC A-H, J-N, P-S, or 1-9) and will consider these items part of the Unit Basic Load (UBL).

(b) All Reserve Component (RC) EAD units will receive non-medical UDP items with a shelf life of less than 60 months (SLC A-H, J-N, P-S, or 1-9).

c. The Centrally Managed P&D Materiel Program does not include support kits, and support kit items. Each unit is responsible for the procurement of support kit items. The USAMMA recognizes the difficulty of identifying each piece of equipment and available support kit items that support various data base authorizations. It is recommended to scrub the equipment list and identify unit-specific support kit items and consumables.

d. Original UA NSNs, which are unsupportable within the program and for which substitute NSNs are in place, can be found at the USAMMA website: (www.usamma.army.mil). Availability of a particular NSN can be verified by

contacting the USAMMA Centrally Managed Medical P&D Materiel Program Manager (ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001) at DSN 343-4461 or 4428; commercial prefix is 301-619.

e. This program gives USAMMA the ability to “push” UDPs (minus Support Kit Items) to ED EAD medical units. UDP quantities are based on the same unit “Days of Supply” (DOS) schedule as the UBL.¹ Other USAMMA sustainment programs, in conjunction with theater Single Integrated Medical Logistics Manager (SIMLM) operations, will support and maintain the medical requirements of deployed units after initial issue of a UDP.

NOTE: All medical units must develop an internal plan to receive and prepare the UDP for deployment, procure any additional materiel required to support their deployment, and plan the transportation (TPFDD) of this materiel.

f. While the Centrally Managed Medical P&D Materiel Program will provide materiel to those units deploying on/before day 31, units must keep in mind that the Time-Phased Force and Deployment List (TPFDL) is a flexible and fluctuating schedule. Should an activity with an initial deployment date sooner than day 31 suddenly find itself deploying beyond day 31, that unit will fall off USAMMA’s list of units scheduled to receive a UDP. Therefore, units must plan appropriately.

4-2. PROCUREMENT STRATEGIES

a. The USAMMA utilizes a combination of acquisition and management strategies to either gain access to industry stocks or to purchase medical P&D materiel outright. Purchased medical P&D materiel may be stored and managed by a vendor or prepositioned as a UDP. These stocks are not “flagged” to any one unit. They will be used as swing stocks for issue to selected medical activities. The following is a discussion of the current strategies encompassing the central management of medical P&D materiel.

b. The pre-positioning of UDPs enables USAMMA to quickly outfit ED medical units with their basic load of medical P&D items. During FY97, the USAMMA built and stored 10 CSH UDPs and two Area Support Medical Battalion (ASMB) UDPs at various strategic locations worldwide. Changes in the force structure as well as changes in the deployment planning process within USAMMA has resulted in an increase in quantity and a different mix of prepositioned UDPs required to meet future ED EAD medical unit deployments. A final determination has not been made as to the storage locations of these UDPs, which may include MRI EAC [Split based] and Corps [Non-split based] CSH UDPs, MCD UDPs, FST UDPs, ASMC UDPs, AAC UDPs, GAC UDPs, and UDPs for other EAD type medical units. The storage activity is responsible for administering all actions associated with the Care of Supplies in Storage (COSIS). They will forecast maintenance costs and requirements and submit the information to the USAMMA for programming and budget planning. Storage sites currently maintaining one or more UDPs for the Centrally Managed Medical P&D Program are

¹ The difference between a UDP and a UBL is that a UDP only focuses on P&D medical materiel, whereas the UBL is an all-encompassing list of the materiel, both medical and non-medical, necessary to support deployment.

listed below. Additional storage sites are being evaluated to meet future UDP storage requirements.

- ◆ Kelly USA, TX
- ◆ Perry Point (Health and Human Services), MD
- ◆ Camp Carroll, Waegan, Korea
- ◆ Sagami Army Depot Japan

c. In addition to pre-positioning assets, the Centrally Managed Medical P&D Program contracts with industry for inventory ownership and guaranteed access. These contracts are established through Defense Supply Center Philadelphia (DSCP) with a variety of vendors, both distributors and manufacturers, because the program requirements include a wide variety of P&D items (pharmaceuticals, controlled substances, intravenous solutions, x-ray supplies, dental supplies, laboratory supplies, medical/surgical supplies and medical chemical defense items). Typically, these contracts include a rotation clause to accommodate the potential expiration of medical P&D items that are stored at the vendor (with either P&D program ownership or guaranteed access). Because the Centrally Managed Medical P&D Program funds these contracts, they only support ED EAD medical units through day 31 of a conflict. The list of contractual vehicles below describes the capability that is afforded through use of the contracts. These various contracts are being reviewed to ensure their capabilities are consistent with the increases in UDP requirements and medical care support projected for the medical units the UDPs are intended.

(1) Vendor Managed Inventory (VMI). The VMI contracts reduce the costs (purchase, storage and rotation) of purchased materiel by paying for access to a distributor's inventory. The distributor is paid a fee to rotate the materiel with commercial sales to insure the availability and freshness. Access is contingent upon the vendors' ability to rotate the stock. Therefore, the VMI contracts are not a fixed capability. The medical P&D Program has access to three types of stock in a VMI contract:

- ◆ Government Purchased Materiel (GPM) — The medical P&D Program owns the materiel, but the contractor/distributor stores and rotates it.
- ◆ Contractor Inventory Materiel (CIM) — This stock is part of the normal commercial inventory of the contractor/distributor and the medical P&D Program is guaranteed access.
- ◆ Contractor Furnished Materiel (CFM) — The contractor/distributor furnishes stock beyond the normal commercial inventory to increase guaranteed access to the medical P&D Program.

(2) There are two VMI contracts in the medical P&D Program:
Pharmaceutical and Medical Surgical.

(a) The VMI Pharmaceutical contract currently covers 320 P&D line items. Specifically, this contract covers pharmaceutical NSNs in the Federal Stock Class (FSC) 6505. DSCP has guaranteed its peacetime pharmaceutical sales through this contract to facilitate stock rotation. This contract does not provide any set configuration, however, negotiations are ongoing.

(b) The VMI Medical Surgical contractor provides 70 P&D line items. These medical surgical items fall into the FSC 6510, 6515, 6530, and 6640 series.

The contract does provide for set configuration and the P&D Program may order medical surgical items in the contract by UA or by line item.

(3) Stock Rotation Contracts. The medical P&D Program contracts with several different manufacturers to store and rotate P&D materiel with their commercial sales. All items in Stock Rotation contracts are purchased by the medical P&D Program and managed by the manufacturer. Those items currently on stock rotation contracts are:

- ◆ Intravenous Fluids (FSC 6505)

(4) Corporate Exigency Contract (CEC). The structure of a CEC is similar to a VMI contract, except that a VMI contract is an agreement with a distributor and a CEC is an agreement with a manufacturer. As in VMI, the inventory is divided into three categories (GPM, CIM and CFM); however, because the contractor is a manufacturer, there can be two subtypes of CIM:

(a) The first subtype is safety stock, i.e., stock on hand as part of normal commercial business

(b) The second subtype is commercial production base, i.e., stock that is in the production pipeline and available for normal commercial business

The Centrally Managed Medical P&D Program maintains a CEC for sutures (FSC 6515).

d. Medical P&D requirements currently not sourced under a contract are procured through DSCP MILSTRIP requisitioning or on-line web based ordering via the Electronic Cataloging/Laboratory Integrated Delivery System (ECAT/LIDS) at DSCP. ECAT/LIDS provides access to dental and laboratory items and the system is expected to expand in the future. The Centrally Managed Medical P&D Program has access to x-ray items through a DLA-funded Photo Imaging Contract (PIC) at DSCP.

4-3. ADDITIONAL INFORMATION

For additional information pertaining to the Centrally Managed P&D Program, contact:

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